

## PROPERTY/RESOURCES

### (SUPPLEMENT TO THE MEDI-CAL STATEMENT OF FACTS—MC 210)

Please fill in the following if you answered "YES" to certain Property/Resource questions from the Statement of Facts, MC 210.

①	Fill in the following if more room was needed to list liquid resources (Checking/Savings/IRAs, Stocks, etc.)	COUNTY USE ONLY																				
<b>LIQUID RESOURCES</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Type of Resource</th> <th style="width: 20%;">Owner of Resource</th> <th style="width: 10%;">Account Number</th> <th style="width: 30%;">Name and Address</th> <th style="width: 20%;">Current Value</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	Type of Resource	Owner of Resource	Account Number	Name and Address	Current Value					\$					\$					\$	Case Name: _____  Case No.: _____ Worker No.: _____ Date: _____
	Type of Resource	Owner of Resource	Account Number	Name and Address	Current Value																	
					\$																	
					\$																	
				\$																		
<b>REAL ESTATE</b>	<p><b>②</b> A. If you or any family member answered "YES" to owning or buying any of the items listed under the <b>REAL ESTATE</b> part of the MC 210, fill in the following. List any property in any state or country and all land you own, have title to, or share title in. ITEMS: Houses, lots, land, apartments, mobile homes taxed as real property, or other.</p> <p>Address or Legal Description of Property: _____</p> <p>_____</p> <p>Name of Owner: _____</p> <p>Does anyone live there now?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    How long have they lived there? _____</p> <p>Name of person living there: _____ Relationship to you: _____</p> <p>Do you plan to return to that property to live?    <input type="checkbox"/> Yes    <input type="checkbox"/> No            (You must notify the county within ten [10] days of any change in plans for living at the property.)</p> <p>Is the property currently listed for sale?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Full value of property (from tax statement): \$ _____ Amount owed: \$ _____</p> <p>Rent collected each month from property: \$ _____</p> <p>Expenses on property:</p> <table style="width: 100%;"> <tr> <td>• Interest                      \$ _____ Yearly/Monthly</td> <td>• Insurance                      \$ _____ Yearly/Monthly</td> </tr> <tr> <td>• Taxes and Assessments    \$ _____ Yearly/Monthly</td> <td>• Upkeep and Repairs    \$ _____ Yearly/Monthly</td> </tr> <tr> <td>• Utilities                      \$ _____ Yearly/Monthly</td> <td></td> </tr> </table> <p><b>B.</b> If you or any family member answered "YES" to the life estate property question, please fill in the address of the property below.</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Do you or any family member have an income interest in a life estate?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Is the life estate (producing/earning/providing/giving) income?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		• Interest                      \$ _____ Yearly/Monthly	• Insurance                      \$ _____ Yearly/Monthly	• Taxes and Assessments    \$ _____ Yearly/Monthly	• Upkeep and Repairs    \$ _____ Yearly/Monthly	• Utilities                      \$ _____ Yearly/Monthly		Verification of "Good Cause" for Nonutilization of Property  Verification of Income and Expenses (List):													
	• Interest                      \$ _____ Yearly/Monthly	• Insurance                      \$ _____ Yearly/Monthly																				
• Taxes and Assessments    \$ _____ Yearly/Monthly	• Upkeep and Repairs    \$ _____ Yearly/Monthly																					
• Utilities                      \$ _____ Yearly/Monthly																						

If you or any family member answered "YES" to owning one or more of the items in the **VEHICLES** section of the Statement of Facts, MC 210, fill in the following information about each vehicle.

③

**A. List all cars, trucks, motorcycles, airplanes, or off-road vehicles (even if not running) owned by you or your family. If none, write "none."**

**COUNTY USE ONLY**

List exempt vehicle:

- ☐ Verification of nonexempt vehicles
- ☐ Verification of encumbrance

VEHICLES

Make and Model	Year	Class (Registration)	Owner	Amount Owed	Listed for Sale?		Used for Transportation?	
					Yes	No	Yes	No
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				

**B. List any boats, campers (do not include trucks), motor homes, or trailers which are not used as a home and are not taxed as real property by the county.**

- ☐ Verification of personal property

Description	Year	Class (Registration)	Owner	Purchase Price	Listed for Sale?		Used for Transportation?	
					Yes	No	Yes	No
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				

**Note:** You may use any method to determine a reasonable value of your motor vehicle.

If you or any family member answered "YES" to owning items in the **OTHER** or **BUSINESS** section of the State of Facts, MC 210, please give more detailed information about those items here.

OTHER	④	A. If you or any family member own items of jewelry valued at more than \$100 each, or are applying under Pickle and your items are over \$500, you must fill in the following: (Do not include wedding, engagement rings, or heirlooms.)						COUNTY USE ONLY		
	Description		Listed for Sale?		Amount Owed		Heirloom? _____			
			Yes	No			Total Nonexempt			
					\$					
					\$		Appraised Value \$ _____			
	B. If you or any family member answered "YES" to owning life insurance, you must fill in the following:						<input type="checkbox"/> Exempt			
	Insurance Company	Person Insured	Face Value	Policy Number	Date Policy Issued	Current Cash Value				
		Policy Owned By								
	1.		\$			\$	Yes	No	CSV	
	2.		\$			\$	Exempt	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	
3.		\$			\$	Exempt	<input type="checkbox"/>	<input type="checkbox"/> \$ _____		
C. If you or any family member answered "YES" to owning one or more of the following:						Exempt <input type="checkbox"/> <input type="checkbox"/> \$ _____				
1. Burial plot, vault, or crypt, is it for use of immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No										
or 2. Mineral rights or mining claims, is either listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Please give more detailed information:										
Description: _____										
Owned by: _____										
Current Value: \$ _____ Amount Owed: \$ _____										
Location: _____										
D. If you or any family member answered "YES" to owning a burial reserve or trust, please fill in the following:										
Purchase Price	Amount Owed	Purchased				<input type="checkbox"/> Revocable				
		For Whom	From Whom			<input type="checkbox"/> Irrevocable				
\$	\$					<input type="checkbox"/> Designated Funds				
\$	\$					Current Value \$ _____				
\$	\$									
BUSINESS	⑤	If you or any family member answered "YES" to owning one or more of the following types of business items: equipment, vehicles, tools, inventory, or materials (including livestock or poultry not for personal use), you must give more detailed information by filling in the following.								
	Description of Item			Estimated Value	Amount Owed					
				\$	\$					
				\$	\$					
				\$	\$					